2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008027

FILED Feb 10, 2010 Secretary of State

Entity Name: TAMPA BAY PSYCHOANALYTIC SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business:

4890 W KENNEDY BLVD 1001 S. MACDILL AVENUE

SUITE 990 SUITE 100

TAMPA, FL 33609 TAMPA, FL 33629

Current Mailing Address: New Mailing Address:

4890 W KENNEDY BLVD 1001 S. MACDILL AVENUE

SUITE 990 SUITE 100 TAMPA, FL 33609 TAMPA, FL 33629

FEI Number: 36-4585573 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FERNANDEZ, ROBERT C
4890 W KENNEDY BLVD
5UITE 990
5UITE 100
5UITE 100
5UITE 100
5UITE 100
5UITE 100

TAMPA, FL 33609 US TAMPA, FL 33629 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 02/10/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: PD

Name: ALEXANDER-GUERRA, LYCIA M.D. Address: 14043 DALE MABRY HIGHWAY N.

City-St-Zip: TAMPA, FL 33618

Title: PED

 Name:
 REESE, ELIZABETH LCSW

 Address:
 612 W. BAY STREET

 City-St-Zip:
 TAMPA, FL 33606

Title: PPD

Name: HARTMAN, JOHN J PH.D.
Address: 300 S. HYDE PARK AVE., #150

City-St-Zip: TAMPA, FL 33606

Title: TD

Name: FERNANDEZ, ROBERT C M.D.

Address: 110 12TH AVENUE

City-St-Zip: ST PETE BEACH, FL 33706

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT C. FERNANDEZ, M.D.

TD

02/10/2010